

Fax to Attention: Tracie Gadrow 860-692-7703

OFFICIAL USE ONLY:

NO PRIOR
CONVICTIONS

[illegible][illegible]

Comments/Findings:		OFFICIAL USE ONLY:			
Arrest Date:	Arresting Agency/Docket Number:	Charge:	Level: Misd. or Fel.	Date Disposed:	Court Disposition:

Please read and sign below in the presence of a witness

I, the undersigned, do hereby authorize the Connecticut Department of Correction (CT DOC) to obtain and disclose any and all information deemed appropriate by the Department, from any source(s), including a criminal background investigation relating to whatever in the opinion of the Connecticut Department of Correction is relevant to my suitability for entry into any correctional facility administered by said Department. In addition, I hereby relinquish and waive any and all claims; present and future, against the State of Connecticut and any of its employees or agents in the exercise of the authority granted herewith.

Signature of Witness _____ Date Signed _____